

BCCCP BREAST CANCER SCREENING AND FOLLOW-UP DATA ENTRY FORM							Revised May 2011	
NAME				Purpose of screening		3. Referral (enter date at left)		
ID				1. Routine Screening		4. No mammogram, just CBE or other imaging or diagnostic work up		
VISIT DATE		REFERRAL DATE		2. Evaluate symptoms or positive CBE; or short term follow up.				
BCCCP CLIENT 1. Yes 2. No	BREAST SYMPTOMS 1. Yes 2. No	LAST MAMMOGRAM ____/____/____ MM YY 88/88 Unknown 00/00 Never		BSE EDUCATION 1. Provided 2. Provided, needs additional training 8. Not indicated 9. Indicated, not provided		BREAST CANCER HISTORY 1. No personal or family history of breast cancer 2. Patient has had breast cancer 3. Mother, daughter and/or sister has had breast cancer 4. Patient and mother/daughter/ sister have had breast cancer 8. Unable to answer 9. Refused to answer		
SCREENING PROCEDURE	PROCEDURE DATE	CHARGED TO	RESULT RECEIVED DATE	RESULT				
CLINICAL BREAST EXAM	____/____/____ MM DD YY	1 2 3 4 5 6 (see codes below)	____/____/____ MM DD YY	01. Normal exam 02. Benign finding 03. Discrete palpable mass 04. Bloody or serous nipple discharge 05. Nipple or areolar scaliness 06. Skin dimpling or retraction 07. Normal CBE in last 12 months 08. CBE not done for other reason 09. Patient Refused CBE Codes 03, 04, 05, & 06 are suspicious for cancer and require a diagnostic work-up. An initial mammogram that is diagnostic does not constitute a diagnostic work-up.				
INITIAL MAMM TYPE: 1. Screening 2. Diagnostic	____/____/____ MM DD YY	1 2 3 4 5 6 (see codes below)	____/____/____ MM DD YY	01. Negative 02. Benign findings 03. Probably benign; Short-term follow up suggested 04. Suspicious abnormality; Consider biopsy 05. Highly suggestive of malignancy 06. Assessment incomplete; additional imaging req'd 07. Technically unsatisfactory 08. Not indicated/needed 09. Indicated, but not performed (refused) 10. Result is pending 11. Recent, NonBCCCP, Abn. Mam requires Follow-up 12. Recent, NonBCCCP, Mam w/ no follow-up required Note: If initial mammogram results are 04, 05, 06 or 11 then diagnostic work-up must be planned.				
REPEAT INITIAL MAMMOGRAM TYPE: 1 or 2	____/____/____ MM DD YY	1 2 3 4 5 6 (see codes below)	____/____/____ MM DD YY	01 02 03 04 05 06 07 (same as initial mammogram codes 1-7 above) Note: Use this field ONLY if initial mammogram is technically unsatisfactory (code 07)				
PLAN	DX WORK-UP PLANNED? 1=Yes 2=No		SHORT-TERM FU REQUIRED? 1=Yes 2=No		NEXT SCREENING MAMMOGRAM DUE IN 00 02 03 04 05 06 12 24 MONTHS			
DX WORKUP PROCEDURE	PROCEDURE DATE	CHARGED TO	RESULT DATE	RESULT				
ADDITIONAL IMAGING								
ADDITIONAL MAMMOGRAM	____/____/____ MM DD YY	1 2 3 4 5 6 (see codes right)	____/____/____ MM DD YY	01 02 03 04 05 06 07 (same as initial mammogram codes 01-07 above)				FINAL IMAGING
ULTRASOUND	____/____/____ MM DD YY	1 2 3 4 5 6 (see codes right)	____/____/____ MM DD YY	01 02 03 04 05 06 07 (same as initial mammogram codes 01-07 above)				Outcome: 01 02 03 04 05 06 07
FILM COMPARISON	____/____/____ MM DD YY	1 2 3 4 5 6 (see codes right)	____/____/____ MM DD YY	01 02 03 04 05 06 07 (same as initial mammogram codes 01-07 above)				Date: ____/____/____
DIAGNOSTIC PROCEDURES								
REPEAT BREAST EXAM	____/____/____ MM DD YY	1 2 3 4 5 6 (see codes right)	____/____/____ MM DD YY	01 02 03 04 05 06 (same as CBE result codes 01-06 above)				
PHYSICIAN CONSULT	____/____/____ MM DD YY	1 2 3 4 5 6 (see codes right)	____/____/____ MM DD YY	CHARGED TO CODES: 1-Federal BCCCP 2-Non BCCCP 3-Partial Federal BCCCP 4-State BCCCP 5-Partial State BCCCP 6-Part State and Federal BCCCP				
BIOPSY/LUMPECTOMY	____/____/____ MM DD YY	1 2 3 4 5 6 (see codes right)	____/____/____ MM DD YY	Comments (to report special situations as needed): LTF = Lost to follow- up NC = Neoadjuvant Chemotherapy CDUSTF = Clinician Directed Ultrasound for Short Term Follow up.				
FINE NEEDLE ASPIRATION	____/____/____ MM DD YY	1 2 3 4 5 6 (see codes right)	____/____/____ MM DD YY					
DIAGNOSIS								
DX DISP				DX DISP DATE		Note:		
1. No Breast Cancer; case closed 2. Diagnostic workup or results are pending 3. Patient Died 4. Moved out of county/state 5. Unable to obtain results from provider 6. Patient non-responsive/refuses follow up 7. Breast cancer diagnosed; Tx required. 8. Patient Lost to Follow up (LTF)				____/____/____ MM DD YY		*If Dx Disp = 1 or 7 enter date of last procedure. *If Dx Disp = 3,4,5, or 6 enter date of admin closure.		
Note: ONLY if 7, are Final Diagnosis, Stage, tumor Size, Tx Disp & Date required *If breast cancer diagnosed then Biopsy &/or Fine Needle Aspiration row must be completed.				Required if 1-7; Leave blank if 2.				
FINAL DX	2. Invasive breast cancer 3. Other cancer (non-breast) 4. Atypical epithelial hyperplasia		STAGE	3=Stage III 4=Stage IV 5=Stage unknown or unstaged		6=Summary local 7=Summary regional 8=Summary distant		SIZE 1= 0 - 1 cm. 2= >1 - 2 cm. 3= >2 - 5 cm. 4= > 5 cm. 5= Unknown
0. Breast ductal carcinoma in-situ (DCIS) 1. Breast lobular carcinoma in-situ (LCIS)			0=Stage 0 (in-situ) 1=Stage I 2=Stage II					
*Required if Dx Disp is 7.								
TREATMENT				CASE MANAGEMENT				
TX DISP 0=Treatment not needed 1=Treatment initiated 2=Treatment pending 3=Patient died 4=Moved out of the county or state 5=Unable to obtain results from provider 6=Non-responsive or refused treatment Note: Required if Dx Disp. is 7.				TX DATE ____/____/____ MM DD YY Note: Required if Dx Disp. is 7		CMN ASSESS COMPLETED?: Y=YES N=NO CMC PLAN COMPLETED?: Y=YES N=NO		

BCCCP CERVICAL CANCER SCREENING AND FOLLOW-UP DATA ENTRY FORM						Revised My 2011	
NAME		ID		VISIT DATE ____/____/____		BCCCP CLIENT? 1=YES 2=NO	
Reason for Screening: 1 = Routine Screening 2 = Short Term Follow up 3= Referred for Diagnostics (enter referral date at right) 4 = No Pap, Diagnostic only		Paid by Codes: 1. Federal BCCCP 2. Not BCCCP 3. Partial Federal BCCCP 4. State BCCCP 5. Partial State BCCCP 6. Partial State and Federal BCCCP		LAST PAP ____/____/____ 88/88 Unknown MM YY 00/00 Never			
				Referral Date: ____/____/____ (if reason for screening = 3)			
SCREENING PROCEDURES							
PROCEDURE	PROC DATE	PAID BY	RESULT DATE	RESULT			
PELVIC EXAM	____/____/____ MM DD YY	1 2 3 4 5 6 (Codes Above)	____/____/____ MM DD YY	1=Normal exam; no follow-up required 2=Abnormal exam; follow-up required 8=Pelvic/rectal exam not indicated 9=Pelvic/rectal indicated but not provided (i.e. refused)			
INITIAL PAP TEST	____/____/____ MM DD YY	1 2 3 4 5 6	____/____/____ MM DD YY	RESULT 01 02 03 04 05 06 07 08 09 10 11 12 13 (Bethesda code descriptions below)		SPECIMEN ADEQUACY 1=Satisfactory 3=Unsatisfactory (do not use 2 or 4)	SPECIMEN TYPE 1=Conventional test 2=Liquid Based 3=Other 4=Unknown
REPEAT PAP TEST <i>(Initial Pap specimen adequacy must be = 3)</i>	____/____/____ MM DD YY	1 2 3 4 5 6	____/____/____ MM DD YY	RESULT 01 02 03 04 05 06 07 08 09 10 11 12 13		SPECIMEN ADEQUACY 1=Satisfactory 3=Unsatisfactory (do not use 2 or 4)	SPECIMEN TYPE 1=Conventional test 2=Liquid Based 3=Other 4=Unknown
HPV TEST	____/____/____ MM DD YY	1 2 3 4 5 6	____/____/____ MM DD YY	RESULT 1 = Positive 2 = Negative 3 = Test Not Done	PLAN DX WORK-UP? 1 = Yes 2 = No		SHORT TERM FOLLOW-UP? 1 = Yes 2 = No
						NEXT PAP DUE 02 03 04 05 06 12 24 36 Months	
DIAGNOSTIC PROCEDURES							
PROCEDURE	PROC DATE	PAID BY	RESULT DATE	RESULT			
COLPOSCOPY	____/____/____ MM DD YY	1 2 3 4 5 6 (See Codes Above)	____/____/____ MM DD YY	1=Normal - no biopsy performed 2=Biopsy and/or ECC was performed with the colposcopy			
CERVICAL BIOPSY	____/____/____ MM DD YY	1 2 3 4 5 6 (See Codes Above)	____/____/____ MM DD YY	1=Normal exam benign reaction 2=HPV/Condylomata/Atypia 3=CIN I 4=CIN II 5=CIN III/Carcinoma in-situ (Stage=0) 6=Invasive cervical carcinoma 7=Invasive adenocarcinoma 8=Other (non-cervical) cancer (A result of 4-7 MUST have Treatment information completed)			
ECC [†]	____/____/____ MM DD YY	1 2 3 4 5 6 (See Codes Above)	____/____/____ MM DD YY	BETHESDA 2001 CODES AND DESCRIPTIONS 01=Negative (within normal limits) 08=Other malignant neoplasms 02=Atypical squamous cells of undetermined significance (ASC-US) 09=Not Indicated 03=Low grade SIL including HPV changes 10=Indicated, but not performed (i.e. refused) 04=Atypical squamous cells cannot exclude HSIL (ASC-H) 11=Result is pending 05=High grade SIL (HSIL) 12=Recent, nonBCCCP, abnormal Pap requiring follow-up 06=Squamous cell carcinoma 13=Recent, nonBCCCP Pap with no follow-up required 07=Abnormal glandular cells (including Atypical, Endocervical adenocarcinoma in situ & Adenocarcinoma)			
LEEP [†]	____/____/____ MM DD YY	1 2 3 4 5 6 (See Codes Above)	____/____/____ MM DD YY				
CKC [†] (Cold Knife Cone)	____/____/____ MM DD YY	1 2 3 4 5 6 (See Codes Above)	____/____/____ MM DD YY				
[†] Requires prior approval from Regional Nurse Consultant				Note: If Pap result is 04, 05, 06, 07 or 12 then diagnostic workup must be planned. If Pap result is 02 or 03 then diagnostic workup may be planned.			
Comments (to report other special situations as needed): LTF = Lost to follow up NC = Neoadjuvant Chemotherapy, CDCSTF = Clinician directed colposcopy for short term follow-up, NCAP = Non-Cervical abnormal Pelvic exam, CDC = Clinician delayed Colposcopy							
DIAGNOSIS							
DIAGNOSTIC DISPOSITION 1=No cervical cancer; case closed 2=Dx Workup/results are pending 3=Patient Died 4=Moved out of county/state 5=Unable to obtain results 6=Pt non-responsive/refuses FU 7=Cervical cancer diagnosed; Tx required 8=Lost to Follow Up		DIAGNOSTIC DISPOSITION DATE ____/____/____ MM DD YY Date of last procedure if dx disp = 1 or 7. Date of admin closure if dx disp = 3, 4, 5, or 6		STAGE 0=Stage 0 (cervical carcinoma in-situ) 1=Stage I 2=Stage II 3=Stage III 4=Stage IV		5=Stage Unknown/Unstaged 6=Summary Local 7=Summary Regional 8=Summary Distant	
TREATMENT							
TREATMENT DISPOSITION 0=Tx not needed 1=Tx Initiated 2=Tx Pending 3=Patient Died 4=Moved out of county or state 5=Unable to obtain results from provider 6=Non-responsive/refused				TREATMENT INITIATED DATE ____/____/____ MM DD YY			
CASE MANAGEMENT		CMN ASSESS COMPLETED?: Y=YES; N=NO		CMC PLAN COMPLETED?: Y=YES; N=NO			
COMMENT:							